

Alabama Medicaid Agency
***Smile Alabama!* Dental Initiative**

DENTAL
Information Request Form

To request ***Smile Alabama!*** forms, brochures and other available program information, please complete the information below and fax the order to **334-353-4193** or mail the form to:

Alabama Medicaid Agency
Outreach and Education Unit
P.O. Box 5624
Montgomery, AL 36103-5624

<u>Item</u>	<u>Quantities</u>
<i>Smile Alabama!</i> Rights and Duties 1 pad per order	_____
<i>4 Smile Alabama!</i> Posters 4 posters of children with messages (8.5x11) 2 of each per order	_____
Smiley Al Says.... Poster Child-friendly 11x17 poster 1 poster per order	_____
<i>Smile Alabama!</i> Postcards (100 per package) 1 package of each per order	_____
Taking Care of Your Baby's Teeth Brochure (100 per package) 1 package per order	_____
Smiley Al Says... Have You Brushed Your Teeth Today? Check-off chart to encourage children to brush (50 per package) 2 packages per order	_____

Mail to:

Attention _____

Name _____

Address _____

City, State, Zip _____

Phone _____